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Clerk of the Board  
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A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER		
Walsh	Hubert "Hub" Jr.				
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

County of Merced

Division, Board, District, if applicable:

Board of Supervisors

Your Position:

Board Member, District Two

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See Attached

Position: See Attached

**2. Jurisdiction of Office (Check at least one box)**

☐ State

☒ County of Merced

☐ City of

☐ Multi-County

☐ Other

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial

Date: / /

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is / /, through December 31, 2009.

☐ Leaving Office Date Left: / / (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is / /, through the date of leaving office.

☐ Candidate Election Year:

**4. Schedule Summary**

► Total number of pages including this cover page: 5

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☒ Yes - schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached  
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached  
Real Property

Schedule C ☐ Yes - schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached  
Income - Gifts

Schedule E ☐ Yes - schedule attached  
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/23/10

Signature

Official

Hubert "Hub" Walsh, Jr., District Two  
Merced County Board of Supervisors

Statement of Economic Interests – Form 700 (2009/2010)

**EXPANDED STATEMENT**

Agency – Merced County Association of Governments (MCAG)

Agency – Redevelopment Agency

Agency – Regional Council of Rural Counties (RCRC) (Alternate)

Agency – California Supervisors Association of Counties (CSAC) (Regular)

Agency – National Association of Counties (NACo) (Alternate)

Agency – Commerce, Aviation and Economic Development Revolving Loan  
Fund Board

Agency – Workforce Investment Board

Agency – Housing Authority of the County of Merced (Interim Member)

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Hubert "Hub" Walsh

NAME OF BUSINESS ENTITY  
**Pacific Gas & Electric (PG&E)**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
**Public Utility**

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/09      \_\_\_\_\_/\_\_\_\_\_/09  
 ACQUIRED      DISPOSED

NAME OF BUSINESS ENTITY  
**Merced Co. PEBSCO Deferred Comp Act**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
**Deferred Comp/Mutual Fund**

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock      ☒ Other **Mutual Fund** (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/09      \_\_\_\_\_/\_\_\_\_\_/09  
 ACQUIRED      DISPOSED

NAME OF BUSINESS ENTITY  
**Madera Co. PERS Deferred Comp Act**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
**Deferred Comp Act/Mutual Fund**

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock      ☒ Other **Mutual Fund** (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/09      \_\_\_\_\_/\_\_\_\_\_/09  
 ACQUIRED      DISPOSED

NAME OF BUSINESS ENTITY  
**American Capital/Van Kampen**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
**Mutual Fund**

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock      ☒ Other **Mutual Fund** (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/09      \_\_\_\_\_/\_\_\_\_\_/09  
 ACQUIRED      DISPOSED

NAME OF BUSINESS ENTITY  
**Paine Weber (UBS) Portfolio**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
**Money Market/Mutual Funds**

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock      ☒ Other **Money Market/Mutual Fund** (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/09      \_\_\_\_\_/\_\_\_\_\_/09  
 ACQUIRED      DISPOSED

NAME OF BUSINESS ENTITY  
**New World Farmer's Insurance**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
**Life Insurance/Money Market Investment**

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock      ☒ Other **Life Insurance** (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/09      \_\_\_\_\_/\_\_\_\_\_/09  
 ACQUIRED      DISPOSED

Comments: \_\_\_\_\_

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name _____ _____ _____
---

► NAME OF BUSINESS ENTITY  
Allianz Life Insurance Co.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Tax Shelter Annuity

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT TSA (Spouse)  
☐ Stock      ☒ Other (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 09             /        / 09  
 ACQUIRED                      DISPOSED

► NAME OF BUSINESS ENTITY  
American Funds

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Tax Shelter Annuity

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT TSA (Spouse)  
☐ Stock      ☒ Other (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 09             /        / 09  
 ACQUIRED                      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock      ☐ Other (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 09             /        / 09  
 ACQUIRED                      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock      ☐ Other (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 09             /        / 09  
 ACQUIRED                      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock      ☐ Other (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 09             /        / 09  
 ACQUIRED                      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock      ☐ Other (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 09             /        / 09  
 ACQUIRED                      DISPOSED

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

► NAME OF SOURCE  
**Nationwide Retirement Solutions**  
 ADDRESS (Business Address Acceptable)  
**One Nationwide Plaza, Columbus, OH 43215**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Retirement activities**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 19 / 09	\$ 73.53	dinner
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE  
**Calif. Supervisors Assoc. of Counties CSAC**  
 ADDRESS (Business Address Acceptable)  
**1100 K Street, Sacramento**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**County Government Advocacy Assoc.**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 17 / 09	\$ 187.10	Hosted Dinner Event
____ / ____ / ____	\$ _____	for CSAC Board
____ / ____ / ____	\$ _____	Annual Conference

► NAME OF SOURCE  
**Gallo Farms**  
 ADDRESS (Business Address Acceptable)  
**18000 W. Roner Road, Livingston, CA 95334**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Farming Operations**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 01 / 09	\$ 40.00	Cheese Box
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: \_\_\_\_\_